**Application Form 2024**

1. Name: Click here to enter text.

2. Institution (if applicable): Click here to enter text.

3. Email: Click here to enter text.

4. Address: Click here to enter text.

5. Year of award of PhD degree: Click here to enter text.

6. Include details of any career breaks and/or factors that have impacted your research and career opportunities. These could include caring responsibilities, disability, illness, precarious employment, the effects of the pandemic, etc.:

Click here to enter text.

7. Include a two-page summary of your Fellowship plan. This could include: details of publication plans and expected outcomes; how much time the Fellowship will allow you to dedicate to these plans; and an indicative budget, including living expenses or additional research travel plans. Also include details of your proposed paper for the AHA annual conference.

Click here to enter text.

8. Include, if applicable, written evidence of publishers’ or other sponsors’ willingness to support publication(s).

Click here to enter text.

Please read and tick the box to indicate your agreement. Applications submitted without this agreement will not be eligible for consideration by the panel.

☐ I confirm that I fulfil all eligibility requirements for the AHA Early Career Researcher Fellowship.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: